C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

section 1						
Name of Candidate or Political Con-	mittee and Chairperson		Office Sought (if candidat	e) District (if any)		
	dison		Senate	32		
Mailing Address	☐ Chook if address change.	City and Zip	Home Phone	Work Phone		
3725 Brooks	ield ha	Idaha Fals 83	406 522-0772	Same		
Name of Political Treasurer						
Malling Address	☐ Chock if address change.	City and Zip	Home Phone	Work Phone		
1547 Parkwood C	•	Dato Falls 834	_	254-1228		
Section II		TWO 18 18 23	01 327 7713	1007 1038		
Action II		TYPE OF REPORT				
Directions: To indicate the t	ype of report being filed,		tes and check the appropriate	e box(es). See the		
instructional manual for repo		es.	. (2 / 7)	e mill.		
This repor	t is for the period from _		_ through/	704		
7 Day Pre-Primary	Report 3	0 Day Post-Primary Rep	ort October I	0 Pre-General Report		
7 Day Pre-General	Report 📋 3	0 Day Post-General Rep	ort 🙀 Annual Re	eport		
Semi-Annual Report (Statewide Candidates Only)						
Is this Report an	amendment? Yes	☐ No Is this	a Termination Report?	Yes No		
Section III	STATEMENT OF N	O CONTRIBUTIONS	OR EXPENDITURES			
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV. I hereby certify that I have received no contributions and have made no expenditures during this reporting period from						
Section IV		SUMMARY				
To reach your Calendar Year figures to the Column II figures			COLUMN I This Period C	COLUMN II alendar Year to Date		
Line 1: Cash on Hand Janua	rv 1. This Year*		s XXXXXX	5 2445.76		
Line 2: Enter Cash Balance	•	Period**	11900	XXXXXX		
Line 3: Total Contributions			\$	6445. 00		
Line 4: Subtotal (Add lines	1, 2 and 3)		\$ 4903.09	5 8890.74		
Line 5: Total Expenditures (Enter amount from page 2)			\$ 39.04	4026.67		
Line 6: Cash Balance at Clo	se of Period (Subtract line	5 from line 4)**	\$ <u>4964.09</u>	8 48CH 09		
Line 7: Outstanding Debt to	Date		\$_Ø	j s		
*This same figure should be entered on line 1 of all reports filed this calendar year. **You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period. Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.						
	Section V	CERT	IFICATION	7.00 mg		
Return This Report To:	ΔΛ			Section 1967 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Ben Ysursa	1 / lac	(Name of Political Treatment)		tify that the information		
PO Box 83720	in this senset is a total complete and consent Communical Displacement Department					
Boise ID 83720-0080						
phone: (208) 334-2852		11	RIL			
fax; (208) 334-2282		C	CD Wall of O			

DETAILED SUMMARY PAGE

Name of Candidate or Committee	Benow Covering the Period
Mel Richardson	Report Covering the Period From 11 / 13 / 054 to 12 / 31 / 054

UNITEMIZED CONTRIBUTIONS Contributions of Fifty Dollars (\$50.00) or Less This Period

Amount \$

UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Number ___

Total

Amount \$

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 6
Itemized Contributions (total all Schedule A sheets)	\$ 6
otal Contributions (also enter this figure on page 1, Section IV, line 3)	\$ \$
Number of Schedule B pages Attached	
Expenditures	
Uniternized Expenditures (less than \$25) from top of page	s Ø
Itemized Expenditures (total all Schedule B sheets)	s 39°°
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	s ——
lotal Expenditures (also enter this figure on page 1, Section IV, line 5)	s 39°
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- s
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$

SCHEDULE B **ITEMIZED EXPENDITURES**

Page	of	
J - L	1	

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candid	ate or Consumittee		
1.61	Kichardson	Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	1. Ship Pro - Mail 4 Copy center 3270 E. 17th 34.		,
12,3704	Ammon, ID 8340C	₹30°æ	\$
Purpose of Abo	ve Expenditure: Stamps		
	2.		
		\$	s
Purpose of Abo	ve Expenditure:		
	3.		
, ,		s	s
Purpose of Abo	ve Expenditure:		
	4.		
		\$	\$
Purpose of Abo	ve Expenditure:		,
	5.	***	~
		\$	· \$
D	To a Manua		
Furpose of Abo	ve Expenditure: 6.		
, ,		s	\$
	To the state of th		
rurpose of Aso	ve Expenditure:		
		\$	s
		J	J
Purpose of Abo	ve Expenditure:		
	5 .		
11		\$	<u>s</u>
Purpose of Abo	ve Expenditure:		
	·		
11		s	<u>\$</u>
Purpose of Abo	ve Expenditure:		
	Subtotals of Columns A & B	s	\$
L	Total This Page (add columns A & B)		\$